



Nevada State Board of Massage Therapists

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Continuing Education Form

(to Obtain Credit for **GIVING** a Presentation at a Program of Continuing Education)

Name of the Sponsor of the Program	
Title of the Presentation	
Number of hours of the presentation	
Dates of the presentation (i.e., June 4, 2007 – June 8, 2007)	
Location of program (include street address, city, state and zip code)	
The source(s) for the information conveyed in the presentation. *	
Brief summary of the presentation and the information that a person who attended the presentation was expected to learn. *	

*attach additional sheets of paper if necessary

Attach a list of all persons who attended the presentation to this page.